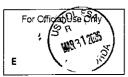
Up Deparment of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440



1. File Number U -

Name James

3. Name and address of person filing.

Desmaraia

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From

Name Laborers' Local Union 1290

1 / 1 / 2005 Through: 12 / 31 / 2005

	Labor Organization File Number 023-463	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 8703 Arthur Cir	Street 2600 Merriam Lane	
City Wichita	City Kansas City	
State Kansas ZIP Code + 4 67207	State Kansas ZIP Code + 4 66106	
5. Position in labor organization. Feild Representative		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name	,	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street		
City		
State ZIP Code + 4		

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

3/21/2006

Date

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Telephone Number

Name of Person Filing James Desmarais	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from iselling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8 Name and address of Business (including trade name, if any) Name Greater Kansas City Laborers' Training Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 8944 Kaw Drive City Kansas City State Kansas ZIP Code + 4 66111 10. If 9.b. or 9.c. is checked give trust or employers name Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. Apprentice Graduation Dinner 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest he d or income received. \$45.76
	12.b. Amount. \$46
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.
Trade Name, if any:	
P.O. Box, Bldg Room No., if any	
Street	
City State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.